STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs
Bureau of Survey and Certification

Michigan Facility Reported Incidents for Long Term Care Authorization Form for Facility Administrators and Workers

The Bureau of Survey and Certification (BSC) will accept Facility Reported Incident (FRI) data submissions via the Michigan Facility Reported Incidents for Long Term Care (MI-FRI) application. MI-FRI access is granted to the current administrator of the facility and up to five (5) additional facility users who must be authorized by the administrator.

By signing and submitting this document, the administrator is agreeing to the following:

- 1) The user identified below is approved to register for access to the facility's information via the MILogin/MI-FRI applications and submit data on behalf of the facility.
- 2) The administrator will notify BSC in writing if the user is no longer authorized to submit or access data for the facility, and request the account be disabled or deactivate the user account on the MI-FRI system. The removal request is sent to: LARA-BSC-IT@MICHIGAN.GOV

☐ Administrator Role	☐ Worker Role	☐ Request to remove access	
Facility ID:			
Facility Name:			
User's Name (First and Las	t):		
User's Contact Phone:			
User's Contact Email:			
Facility Administrator Nam	e (Please Print):		
		Date:	
Facility Administrator Signa	ature		
	utomated emails at si	pecified process points. If you do not w	rish to receive email
•		neck the appropriate box(es) below:	
notifications on behalf of y	our facility, please ch	eck the appropriate box(es) below: ☐ Investigations Submitted	
notifications on behalf of y	our facility, please chots Submitted		gency
notifications on behalf of y	rour facility, please cho ts Submitted e Investigations	☐ Investigations Submitted	,